Foster Family Home - Corrective Action Report

Provider ID: 1-100063 Home Name: Simplicia Ventura, CNA Review ID: 1-100063-5 94-1122 Hoomakoa Street Reviewer: Sue Lo Waipahu HI 96797 Begin Date: 5/3/2018 **Foster Family Home Required Certificate** [17-1454-6] 6.(d)(1) Comply with all applicable requirements in this chapter; and Comment: 6(d)(1) Home visit made for a 3 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/3/2018. **Foster Family Home Background Checks** [17-1454-7.1] 7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS; Comment: 7.1.(a)(1) Second sets of fingerprinting not present in the home for CG#3 and #4. **Foster Family Home** Personnel and Staffing [17-1454-41] Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary 41.(b)(8) resuscitation, and basic first aid. Comment: 41.(b)(8) Last TB Clearance was done on 3/31/17 and current TB Clearance not present in the home for CG#4. Compliance Manage

Community Care Foster Family Home (CCFFH) Written Plan of Correction for Deficiencies Listed in Corrective Action Report Chapter 17-1454

CCFFH Name: SIMPLICIAL. VENTURA
CCFFH Address: 94-1122 HOOMAKOA ST. WAIPAHU, HI. 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
7.1(a)(1)	CG#4 DID FINGERPRINTING	Flinko	Home understand background affects. RESULTS OF THE FINGER PRING CG# 3 and 4 Are Put in BINDER. AND DO NOT REMOVE FROM BINDER
41(b)(8)	BINDER.	514/8	HOME UNDERSTAND TB CLEARANCE MUST RE DONE EVERY YEAR. PCG WILL USE CALENDAY TO WRITE DOWN WHEN TO DO TB CLEARANCE FOR NEXT YEAR AND PCG WILL CHECK THE CALENDAR EVERLY MONTH. CALENDARY HANG ON THE BY THE WALL BY THE DINNER TABLE.

Primary Caregiver's Signature: Alustum

Print Name: SIMPLICIA L. YENJUM

Date of Signature: 5-11-2018